

Emergency Shower/Eyewash Evaluation/Justification

Building _____ Date _____ Evaluator _____

Emergency Shower/Eyewash # _____
Chemicals used: _____
Properties: _____
How dispensed/handled: _____
Potential/Probability of Injury: _____
PPE Used: _____
Type of emergency shower/eyewash: _____
Date of Implementation: _____
Maintenance: _____

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